

OFFICE OF CORPORATION COUNSEL

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INVOLUNTARY COMMITMENT QUESTIONNAIRE Mental Illness – Wis. Stats. § 51.20

PETITIO	NEF	R INFORMATION:					
Name:							
Address:	Stre	eet:					
City:			State: _		Zip:		
Phone nu	mbe	r: (home)		_ (work)			
Relations	hip t	to subject individual:					
SUBJEC'	T IN	DIVIDUAL INFORMATIO	N:				
Name:	Ctno						
		eet:					
City:Phone number: (home)				-			
under Wi 1. 2.	s. St Th	y commitment of, (position of	to have a menta	l illness as sho			
2.	a.	Currently sees Dr.		at			
		Address: Street:					
		City:	State:		Zip:		
	b. Currently takes the following medications:						
	c.	Examples:					

	The information contained in question #1 is based on personal knowledge. I saw the incidents occur and/or the subject individual told me the information.
	The information contained in question #1 is not based on personal knowledge. I learned/heard the information from the following sources:
3.	Subject individual is dangerous to him/herself as shown by <u>recent</u> acts, attempts or threats to harm him/herself (specific examples):
	The information contained in question #2 is based on personal knowledge. I saw the incidents occur and/or the subject individual told me the information.
	The information contained in question #2 is not based on personal knowledge. I learned/heard the information from the following sources:
4.	Subject individual is dangerous to others as shown by <u>recent</u> acts, attempts or threats to harm others. Please state who was threatened and what was the threat:
	The information contained in question #3 is based on personal knowledge. I saw the incidents occur and/or the subject individual told me the information.
	The information contained in question #3 is not based on personal knowledge. I learned/heard the information from the following sources:
5.	Subject individual is not able to care for his/her basic needs (food, shelter, personal hygiene) as shown by the following recent examples:

		ed in question #4 is based o	-	w the incidents			
		The information contained in question #4 is not based on personal knowledge. I learned/heard the information from the following sources:					
5.	Is the subject individual currently employed?YESNO If yes, where? Name of Business						
	-						
	State:	Zip:	Phone:				
6.	List anyone else that may ha	ve additional information re	egarding the subject individ	dual's condition:			
Names	S:	Phone :	#				
7	A. 1 112 1						
7.	Attach additional statements	or reports if necessary.					
<u></u>			D. (
Signature			Date				

Upon completion of this form, it should be returned to the Office of Corporation Counsel.